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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH ✓

1. PLACE OF DEATH

County Greenlee State Arizona. State File No. 108

District or Township Clifton, or Village Local Registrar's No. 21

City No. St., Ward or (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Ezekiek Day

(a) Residence, No. (Usual place of abode) St., Ward. (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec-18-52

7. AGE	Months	Days	IF LESS than 1 day
78 Years	4	15	hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer- Retired

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Nashville (State or country) Tenn

PARENTS

10. NAME OF FATHER John Day

11. BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12. MAIDEN NAME OF MOTHER Evens

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ill

14. Informant John Day (Address)

15. Filed 6-4 1931 [signature] Registrar.

3 25974

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 3rd. 1931 (Month Day Year)

17. I HEREBY CERTIFY, That I attended deceased from 4-1- 1931 to 5-3- 1931

that I last saw h im alive on 5-3- 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.

1931 (Address) Clifton

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL May 4-1931

20. UNDERTAKER [signature]

ADDRESS Clifton